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Responsibility for Statements and Conclusions in Original Articles.—Authors are responsible for all statements, conclusions and methods of presenting their subjects. These may or may not be in harmony with the views of the editorial staff. It is aimed to permit authors to have as wide latitude as the general policy of the journal and the demands on its space may permit. The right to reduce or reject any article is always reserved.

Contributions—Exclusive Publication.—Articles are accepted for publication on condition that they are contributed solely to this journal.

Leaflet Regarding Rules of Publication.—California and Western Medicine has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this journal write to its office requesting a copy of this leaflet.

EDITORIALS*

NRA AND THE MEDICAL PROFESSION

Medical Profession Is in Accord with the NRA.—The medical profession is in full accord with the aims of the National Recovery Administration, as promulgated by President Roosevelt. Through the NRA it is hoped to reestablish in the states of the Union economic and social conditions that will permit all citizens to work and live under those environments which Americans feel are necessary complements of modern civilization. Because all citizens are directly or indirectly involved in the development and fulfilment of the NRA program, some comments on its relation to medical practice may be permissible.

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Professions Exempt from NRA.—The NRA exists by virtue of a law passed by Congress, but this law's provisions are primarily intended to apply to trades and industries rather than to the professions. Hospitals and the medical profession, especially physicians in private practice and their technical assistants, can hardly be said to come directly under the terms of the Act. Physicians,

however, can voluntarily sign commitments to NRA codes, in so far as they apply.

Regarding employees in doctors' offices, for example, the statement in *The Journal of the American Medical Association* is probably legally sound:

" . . . 'However, if a physician employs more than two persons as attendants in his office, of the class of clerical employees, accountants, laborers and similar types of help, they do come under the National Recovery Act, with a minimum wage and certain maximum hours of work.' . . . "

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Drug Trade Code.—It is possible for the National Industrial Recovery Act indirectly to affect the interests of the medical profession and hospitals; particularly through the code of competition designed for the retail drug trade. Some of its initial provisions are so worded that hospitals, dispensaries, and physicians who dispense medicines seemingly come within the scope of that code. If such be the final ruling of the National Recovery Administration, it could work considerable hardship on hospitals which might be obligated to employ registered pharmacists under code hours and provisions, to be constantly on service, both day and night. At a time when hospitals, and the patients in hospitals, are having so difficult a problem in meeting their financial obligations, such additional expenses could hardly be said to make living and economic conditions better for hospital personnels or hospital patients. The sales provisions of the retail drug code, if empirically carried out, could also bring about serious financial hardships to hospitals, and to physicians, dentists, nurses, and veterinarians.

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Display of NRA Emblems.—The question of display of the NRA emblem by physicians has also been considerably discussed. The general sentiment seems to be that the display of the Blue Eagle in the office, or on the automobile, of a physician should only be done if the general procedure has been previously sanctioned by the county medical society. This restriction of the use by a physician of the Blue Eagle emblem is based on the principle that the emblem, if shown by a physician who is more financially prosperous than some of his fellows, might work detrimentally to the interests of less fortunate colleagues. The National Recovery Act is not intended to work harm against small enterprises or competitors. The display of the Blue Eagle in one physician's office and not in that of a neighboring colleague, might prejudice some of the lay public against the latter physician who, in that way, could lose patients and patronage; this because all citizens who sign the NRA agreements obligate themselves to patronize only those who are required to and who have likewise signed the NRA code. Since the medical profession does not come within the obligatory and legal jurisdiction of the NRA, it would seem wise for physicians, for the reasons just given, not to voluntarily display the Blue Eagle emblem unless such action has the sanction of their county medical society.

* Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comments column, which follows.

At the time of this writing, the above seems to be the status of some NRA rulings, at least as they apply to physicians. The representatives of the American Medical Association are keeping in touch with the administrators of the NRA law and codes, and if new developments arise the profession will be made acquainted therewith.

STUDY OF PUBLIC HEALTH PROBLEMS— A PLEA FOR COUNTY SOCIETY COÖPERATION

A Suggestion for Meeting Programs.—Before the current issue of CALIFORNIA AND WESTERN MEDICINE reaches its readers, practically all component county societies of the California and Nevada Medical Associations will have resumed their autumn sessions.

This fall it is hoped that the officers and program committees will arrange to have, in addition to the usual scientific papers and discussions, two or more meetings given over to a study of some of the medico-economic problems to which so much space has been given in the official journal during the last several years.

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Certain County Public Health Problems.—In every county of California the care of the indigent sick brings into action certain social, economic and medical factors worthy of the interest and understanding of every member of a county medical society. It cannot be too often repeated that constructive efforts aiming at improvement of methods in the care of the indigent sick (and of elimination from the group of charity patients of citizens who have no right to receive aid from public funds or through the gratuitous services of physicians) necessarily must be based on accurate knowledge of facts and figures. To indulge in verbal criticism of conditions without knowing about the existing institutions of each county for the care of the indigent sick, or understanding their relation to the population and economic resources, as well as to the industrial and social conditions of the community, will not make for much improvement in those places where deficiencies and malfunctions exist. First-hand and accurate knowledge is a primary requisite in any program aiming at reforms.

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Special Studies Have Been Made By Certain County Medical Societies.—In some of the counties of the State the component county societies (notably Alameda, San Diego, Fresno, and San Joaquin) have made fairly comprehensive studies of these problems, presenting in their committee reports important information concerning their respective communities and suggesting or putting into operation plans for betterment, of value not only to themselves, but to all other county societies.

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The State Association Offers Its Services to Component County Societies.—The California Medical Association, acting through its House of

Delegates and Council, in the last several years has spent many thousands of dollars in an effort to aid its component county societies to find a satisfactory solution of some of these problems. However, something more than the expenditure of moneys, and even the active interest of a few members, is necessary. What is needed in order to get the results desired by all physicians is the real interest and active support of practically every member of every county society. To hope for so universal a coöperation is, however, little less than utopian. Nevertheless, if coöperative aid from every member is out of the question, it is not too much to expect it from the officers of every county society. For the officers and committeemen of county societies are the members who, for the time being, are the recipients of the honors of their respective organizations; and as the custodians of the interests of their fellows, and of the entire profession, they fail if they do not sense the importance of the medico-economic problems which today face the medical profession in every part of California.

Presidents, secretaries, and program committees of county societies should feel free to write to the California Medical Association Department of Public Relations for advice and aid in working out practical lines of procedure.* If outside speakers are desired, the Department and the Association Secretary, upon request, will make an effort to supply them.

It is hoped that those county societies which, as yet, have not taken steps to carry on studies of their public hospitals, dispensaries, and health departments, will get into line in this important work. Local studies and investigations nearly always can best be made by the local profession.

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Other states—Michigan, for example—have brought out reports of great informative value. California and Nevada must not be laggard. With the coöperation of all component societies of the California and Nevada Medical Associations it should be possible to gather the facts and information upon which to base intelligent and united action, that can bring about the elimination of certain public health evils, which all physicians know to exist.

CALIFORNIA'S FIRST MEDICAL AUTHOR

Another Historical Contribution by Dr. George D. Lyman.—Many members of the California Medical Association have probably given themselves the pleasure of reading the absorbing historical narrative, "John Marsh, Pioneer," written by Dr. George D. Lyman of San Francisco and published somewhat more than a year ago. That excellent service to California biographical literature has now been emphasized by another contribution from Doctor Lyman in his introduction

* The personnel and addresses of all California Medical Association committees are printed in every issue of CALIFORNIA AND WESTERN MEDICINE, advertising pages 2, 4 and 6.